Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Residential Services Group C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	24 August 2023
Centre ID:	OSV-0003926
Fieldwork ID:	MON-0031821

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This service provides residential accommodation for up to six residents, male and female with moderate to severe intellectual disability with behaviours that challenge. The designated centre is a six-bedded bungalow located in a cul de sac on a campus based on the outskirts of a city. The house had two sitting areas, a kitchen, two shower rooms, an office and a garden. An appointed person in charge provides day to day oversight of service provision within the centre. Residents are supported to engage in a range of meaningful activities in accordance with their individualised personal plans. Staff provide supports to residents at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 August 2023	09:00hrs to 17:25hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations and standards and make a recommendation regarding the renewal of the registration of this centre. The inspector found that the residents were in receipt of an appropriate service which catered for their needs. The designated centre comprised of a bungalow house with an adjoining annex apartment, on a campus setting on the outskirts of Limerick city. The bungalow has five bedrooms, three bathrooms, a shower room, two sitting rooms, a kitchen, dining room and utility room. The centres adjoining annex is a one bedroom apartment, this was vacant on the day of the inspection. To the rear of the property residents had an enclosed garden space.

On arrival to the designated centre the inspector was greeted by staff members on duty that day. The inspector was shown around the centre by a member of staff. The inspector observed that the house was well maintained and the residents had pictures on display in areas of the house. The inspector also observed two fire doors were being held opened by chairs. The chairs were removed by the staff during the walk around of the centre. However, later in the afternoon, a chair was again seen holding open the door to the dining area. The person in charge informed the inspector that the centre was waiting on these doors to have a hold system put in place and removed the chair immediately.

There was a calm and relaxed atmosphere in the home throughout the day of the inspection. Each resident had their own bedroom and there was space for residents to receive visitors if they wished. The review of information demonstrated that the residents were supported to maintain links with their families. They were receiving visitors in their home or visiting family regularly.

Later in the morning, the inspector had the opportunity to meet the three residents. All three residents did not actively engage with the inspector, but the inspector had the opportunity to observe each resident in their home. Residents appeared very relaxed and comfortable and were using the communal areas of their home freely.

The residents were observed engaging in activities during the course of the day. Residents were supported with an individualised day service in their own home. A day service staff was in place for one hour in the morning and one hour in the afternoon to support additional activities with the residents. Residents were supported to go for walks and drives regularly as they requested. Table top activities and relaxing were also observed during the course of the day. One resident previously had access to a 30 hour per week day service, however this service was no longer taking place. The provider had identified the issue, as they currently did not have the staffing resources in place for these hours. This will be reviewed under regulation 13, general welfare and development later in the report.

Residents also enjoyed other activities for example, one resident enjoyed

aromatherapy, with essential oils prescribed for the resident. The person in charge told the inspector about the process and protocols in place in carrying out this therapy with the resident, and the benefits of regular aromatherapy sessions for the resident. Staff also spoke about baking activities that the residents enjoyed. One resident enjoyed sporting events, they were observed having fun with staff regarding a recent sporting event that took place and the jerseys worn. The resident appeared happy when this was being discussed.

The residents were supported by staff to complete the Health Information and Quality Authority (HIQA) pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. The resident's families also completed these questionnaires. In these, activities which were listed as being undertaken by residents included going for a walk on the campus grounds, bus drives, visiting the canteen, going for meals out, visiting family, overnights in hotels and baking. The inspector observed some these activities displayed in picture format on an activity schedule for the centre. The residents' questionnaires contained positive responses for all topics and family complimented the visiting arrangements in place when they come to the centre.

The next two sections of the report present the finding of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a clearly defined management system in place which ensured the service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for two other designated centres at the time of the inspection. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review for 2022 and unannounced provider six-monthly audits, which took place in June 2023. These quality assurance audits identified areas for improvement and action plans were developed in response. The person in charge was also supported with regular management meeting with the centres person participating in management and service manager.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular

relief staff which ensured continuity of care and support to residents. At the time of the inspection, residents received a day service staff for two hours per day Monday to Friday (one hour in the morning and another hour in the afternoon). This was to support the residents choice of day programme activity. These hours were not reflected on the roster.

There was a programme of training and refresher training in place for all staff. The inspector reviewed the centre's staff training records and found that the majority of the staff team in the centre had up-to-date training. All staff had completed training in human rights. However, two staff required training in managing, understanding and responding to behaviours of concern training, while one staff was overdue refresher training in this. All staff were appropriately supervised as per the providers policy. The staff members met on the day of the inspection had up-to-date knowledge to meet the residents' assessed needs.

The registered provider also had a directory of residents that was properly maintained with all required information. All mandatory required notifications had been submitted to the Health Information and Quality Authority (HIQA).

The inspector found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access if needed to an appeals process. Following a review of the complaints log there was evidence of staff and management recording and documenting complaints effectively. Residents were made aware of their right to make a complaint at regular house meetings. All complaints reviewed were closed with a satisfactory outcome for the complainant noted.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there

was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Residents receive additional staffing of two hours a day to support their individualised day programme, these hours were not reflected on the rosters for the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff working in the centre had completed all training. Two staff had not completed training in managing, understanding and responding to behaviours of concern training, while one staff was overdue refresher training in this. All other training had been completed by all staff in the centre. Arrangements were in place for staff to take part in formal supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose reviewed on the day of the inspection was found to accurately describe the services provided in the centre. However, the current whole time staffing profile of the centre did not reflect the roster on the day of the inspection. The registered provider had not contained an accurate reflection of staffing in place as per Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, including quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge had ensured residents were provided with accessible information regarding the complaints procedure which included an appeals process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. These policies were reviewed in a three year period by the provider as required by the regulation.

Judgment: Compliant

Quality and safety

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. Since the previous inspection two residents had moved out of the designated centre, and this was seen to have a positive effect on the resident's environment. Some issues were identified in relation to the fire evacuation, individualised assessment and personal plans, general welfare and development and risk management.

Each resident had an individual personal plan in place. Such plans are required by the regulations and are intended to provide guidance for staff in meeting the assessed needs of the residents. The inspector reviewed a sample of these plans and overall noted that they contained a good level of information on how to support the residents. However, some improvement was required to ensure up to date information was reflected in the residents support plans once reviewed. For example, a residents bowel support plan identified a bowel recording chart is in place. On review of this chart, many gaps were present. This plan did not effectively support the resident if they required further support. The inspector spoke to the person in charge who identified that the residents now have more independence in their home and environment and the bowel chart in place was not being actively recorded due to this. This information was not reflected in the residents support plan or intimate care plan.

A person-centred planning process was in place to ensure that residents and their families were involved in the review of such plans. During this process goals for

residents were identified. Residents had goals on accessing a local restaurants for meals out, getting a passport and shopping for items that they would like. One resident had plans to redecorate their bedroom and purchase some new furniture.

The centre was observed to be clean. Staff had well maintained cleaning rosters in place, which included high touch areas. Staff had undertaken training in infection prevention and controls, as well as hand hygiene. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 or an infectious disease. This provided detailed guidance on how to manage laundry and staffing arrangements. The provider identified the individual specific supports required for each resident in individual risk assessments. However, the controls in these risk assessments required review to identify the specific supports in place for the residents. Some residents were identified that they may not self-isolate in their bedroom. The annex apartment was identified as a control measure for one resident to use to self isolate if required. However, it was clearly documented in the resident's personal plan that change to routine and change in the environment is a trigger for behaviours of concern. It was also identified to the inspector that one resident would only use one of the three communal bathrooms, this was not identified as a control measure in the residents risk assessment.

Arrangements were in place for the management of risks. Each resident had individual risks identified and as mentioned previously some controls required review in relation to residents self-isolation. A risk register was in place for the centre. These were regularly reviewed by the person in charge. The inspector reviewed the restrictions in place in the designated centre. Some restrictions were present in this centre and were observed by the inspector on the day of the inspection. However, since the previous inspection the restrictions in place had reduced significantly. The restrictions in place were seen to be reviewed regularly and used for the least amount of time required. For example, the kitchen door was locked due to safety reasons, residents could access when they wished with the support of staff or when staff were present in the kitchen the door remained unlocked. A record was maintained of the times this door was locked.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly. Records indicated that staff had undergone relevant fire safety training. Each resident had a personal emergency evacuation plan (PEEP) in place. However, these required review. From a review of one resident's personal plan, speaking to staff and meeting the resident, there was a very important personal item that the resident would need to have on their person to ensure they evacuated the centre. This item was not noted in the residents PEEP. Another residents PEEP noted that the resident may require a specific verbal prompt to evacuate the centre but this verbal prompt was not identified in the PEEP. While another residents PEEP noted that their emergency medication that may be required was carried by staff of the centre at all times. This was not the procedure in place as the emergency medication was stored in a locked medication press once the resident was in the centre. This information to support the residents required view.

The fire evacuation procedures were on display in the centre and there was an overall centre evacuation plan in place to guide staff. The centre also had a fire evacuation summary record in place for each residents. Again this required review, as some of the information mentioned previously was not mentioned on this document. For example, no documentation of emergency medication required, no note of the personal item for one resident and no record of the verbal phrase that one resident may require as mentioned in their PEEP. A fire evacuation guideline was also in place, this identified each resident needed one-to-one support, this information was not clearly identified in the fire evacuation summary for each resident.

The centre had a kitchen area for the preparation of residents meals of choice. Some meals were prepared five days a week in another building on the campus grounds and delivered to the centre. Food supplies stored in the kitchen allowed residents the facility to request snacks or eat alternative food if they wished. Staff supported the residents each week to order any specific items of food that they would like. Residents had a choice of food taking into account their dietary needs and meal choices were offered to the residents in advance. The kitchen, food storage areas and food temperature records were well maintained. While the residents were provided with their dinner from a central kitchen on campus, staff explained how residents can choose what they would like to have and are supported to make any snacks.

The inspector viewed the contents of the medicine storage press. It was seen that arrangements were in place to keep this storage secure and it was found to be well organised with all items clearly labelled and in date. The person in charge had ensured a clear system is in place for the receipt and administration of medications. A sample of the medicine records were reviewed which were found to be of a good standard.

The inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts. They were supported to manage their money by staff and management of the centre. Financial assessments were in place for residents. There were clear systems in place to support residents to access their monies as desired and there were robust monitoring arrangements in place to safeguard residents' monies. From viewing the bedrooms in the centre, there was evidence that residents were supported to have control over their personal processions, and had adequate space to store their personal belongings. Each resident had a detailed inventory list of all their personal possessions which was reviewed on an annual basis.

Regulation 11: Visits

The provider had ensured to facilitate each resident to receive visitors from their friends and family as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control over their own personal property and belongings. Each resident was had their own bank account. The person in charge had ensured each resident had a financial assessment complete. Detailed inventory lists were in place for each resident and seen to be reviewed and updated regularly. Residents had storage for their belongings and each resident had their own bedrooms with their own belongings displayed.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational opportunities in accordance with their assessed needs and wishes. On the day of the inspection the inspector observed staff supporting residents on drives and walks. The residents were seen to enjoy activities of their choice when requested, such as baking, table top activities and listening to music. Residents had limited access to day service support hours, on the day of the inspection these hours were two hours a day for the three residents in the centre. One resident was not receiving their allocated day service hours due to staffing resource issues with the provider. This had an impact on the residents as all residents required a higher level of support when accessing the community.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents and was clean and warm. The designated centre required some external painting, this was being completed on the day of the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that the residents were provided with a choice of food in line with any dietary or preferred meal choices. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations. Easy to read versions of information was made available to residents in a format that would be easy to understand. This included information about complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk. The person in charge maintained a risk register for the designated centre. Each resident had individual risks identified. However, for the individual risk assessments in place in relation to the outbreak of an infectious disease and COVID-19, control measures required review to clearly and accurately identify the resident's specific controls in place as they may refuse to self-isolate.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured appropriate infection prevention and control practices were being followed. The designated centre was observed to be clean. The person in charge had ensured schedules were in place for the cleaning and laundry facilities, appropriate cleaning equipment was available to staff, for example, colour coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place in the centre which included fire alarms, emergency lighting, fire extinguishers and fire doors. Each resident had a personal emergency evacuation plan in place. However, the following three documents required review in order to ensure clear and accurate information was provided in the supporting document in place to support all residents to evacuate the premises in the event of a fire. These documents are, the fire evacuation summary record and a fire evacuation guideline and the residents PEEP.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration, prescribing and storage of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured the residents personal plans were subject to an annual review. Each resident had a personal plan in place to provide guidance for staff in meeting the needs of the residents. Goals were set in line with resident's likes and wishes. However, from the sample of personal plans reviewed it was observed by the inspector that a resident's care plan in place did not reflect the current controls to support the resident. For example, one residents bowel support plan identified a bowel chart is in place. On review of this chart, many gaps were present. This plan did not effectively support the resident if they required further support. The residents intimate care plan in place also required review with updated information regarding changes in supports required by the resident.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that all restrictive practices in the centre were clearly documented and a restrictive practice record was maintained by the person in charge for the centre. Residents had positival behavioural support plans in place,

these we

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents and that systems were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The resident's choices were promoted and respected. The privacy and dignity of the residents was respected by staff. Residents had access to advocacy services if they wished. Staff were observed to interact with the residents in a caring and respectful manner. The residents had access to televisions and the internet. Information was available to residents in easy read formats, such as the complaints. Residents were consulted at regular house meeting. Due to the successful transition of two residents from the centre, resident's environment was now more accessible to them, with less restrictive practices in place. The centres safeguarding concerns and incidents had dramatically decreased leading to a safer and calmer environment for the three residents currently living in the centre. The staff spoken to with on the day noted the improved changed in the residents' environment since the previous inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Vincent's Residential Services Group C OSV-0003926

Inspection ID: MON-0031821

Date of inspection: 24/08/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Rosters now accurately reflect the day services support in place.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The required training for the three staff has been scheduled.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated to accurately reflect the staffing arrangements in place and will be submitted to the authority.	

Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The provider has allocated additional staffing to enhance the individual's day service provision.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The provider has reviewed and updated the contingency plan and supporting documentation to ensure clear guidance is in place in relation to supporting residents who may refuse to self-isolate.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC has reviewed and updated the three documents pertaining to fire precautions.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal Plans have been updated to ensure the information contained in accurate and relevant regarding the individual's support required.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	04/09/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	29/08/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	24/10/2023
Regulation 26(1)(e)	The registered provider shall	Substantially Compliant	Yellow	29/08/2023

	ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	29/08/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/10/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	13/09/2023